**Department of Veterans Affairs** **VHA DIRECTIVE 98-017**
**Veterans Health Administration**
**Washington, DC 20420** **March 17, 1998**

# MAMMOGRAPHY SCREENING FOR WOMEN VETERANS

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive revises the mammography screening recommendations for women veterans based on recent scientific reports. ***NOTE:*** *Because this VHA Directive responds to Public Law 105-114 requiring the development of a national mammography policy, it rescinds recommendations for mammography screening described in VHA Handbook 1101.8 Appendix A, subparagraphs 12b and 12c. Public law 105-114 requires that this directive take effect 30 days (April 16, 1998) from date of issue.*

## 2. BACKGROUND

a. Current VHA breast cancer screening policy is based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) published in 1996. Since that report was released, reviews of available research by the National Institutes of Health (NIH), the National Cancer Institute (NCI), the American Cancer Society (ACS) and others have led to publication of recommendations for screening mammography which differ from the USPSTF and from each other. In light of these events, the Department of Veterans Affairs (VA) undertook a review of current policy. The presence of a substantial body of scientific evidence remains the basis upon which guidelines for use in VHA facilities are established. In this situation, although evidence exists, there is a lack of consensus on a proper interpretation for some aspects of the data.

b. Studies of breast cancer screening have been conducted for at least 30 years. During this period in addition to several case-control and cohort studies, eight major randomized controlled trials of breast cancer screening have been conducted. The randomized trials alone have included nearly 500,000 women. It is this body of evidence, which is the subject of debate.

c. In January 1996, USPSTF recommended routine screening for breast cancer every 1 to 2 years with mammography alone or mammography and annual clinical breast examination (CBE) for women ages 50 to 69. The Task Force concluded there was insufficient evidence to recommend for or against routine mammography or CBE for women ages 40 to 49 and healthy women aged 70 and older.

d. In January 1997, a NIH panel concluded mammography was effective in reducing breast cancer mortality in women ages 50 to 69. For women between 40 and 49 it concluded that the risks of false positive and false negative tests were significant and did not warrant a universal recommendation for mammography screening in this age group. The panel recommended that each woman should decide for herself based on available evidence and a personal weighing of risks and benefits. The decision was not unanimous. A minority report suggested the majority opinion undervalued benefits of mammography for younger age groups and recommended screening begin at age 40.

e. In March 1997, after a thorough review of recent scientific publications, the American Cancer Society changed its breast cancer screening guidelines to encourage women to begin receiving annual mammograms at age 40.

f. In March 1997, the National Cancer Institute, after reviewing recent scientific publications, recommended that women in their 40s be screened every 1 or 2 years with mammography. President Clinton followed this announcement with a statement that the federal government would do its part to make sure women had both coverage and access to this potentially lifesaving test. The Secretary of Health and Human Services further recommended that all women over age 40 talk with their doctor because regular mammography can save lives.

g. In August 1997, the VA Preventive Medicine Field Advisory Group (PM/FAG) recommended that the VA follow the preceding recommendations of USPSTF. The PM/FAG urged VA clinicians to consider this recommendation as a floor and not a ceiling. It represents the minimum expectation in regard to breast cancer screening while not precluding breast examination or mammograms at other ages. Mammography may be indicated at any age where clinical assessment reveals increased anxiety or risk due to a variety of factors including a family history, genetic analysis, prior breast disease, late age at first pregnancy, nulliparity, high socioeconomic status, a history of exposure to high-dose radiation or other concerns.

h. In August 1997, the VA Mammography Advisory Committee recommended annual screening examinations for women veterans from age 40 through age 69 and a mammogram every 2 to 3 years for women age 70 and older.

i. The Veterans' Benefits Act of 1997 (Pub. L. 105-114) enacted November 23, 1997, requires the VA Under Secretary for Health to develop a national policy for VHA on mammography screening for veterans. The law states that it is the sense of Congress that VA policy shall be in accordance with guidelines endorsed by the Secretary of Health and Human Services and the Director of the National Institutes of Health. The law also requires the policy shall provide for clinician discretion.

j. The debate over mammography portends the type of dialogue which medicine will face with increasing frequency. Advances will be incremental and each will carry a price. Based on interpretation of cost and value, differing conclusions will be reached using the same data. Eddy has noted that multiple organizations developing guidelines on the same topic will inevitably conflict. Guideline variation causes confusion since clinicians are uncertain which will be used to measure performance. As noted by Fletcher, patients who are aware of the lack of consensus in the profession are uncertain which recommendation to follow. To resolve this situation, policymakers should describe and support the basis for adopting a guideline. The reader can review objectives, assumptions, evidence and methods that underlie conflicting recommendations and select one that matches her own belief. Eddy suggests recommendations be categorized as "Standards" when virtual unanimity exists, "Guidelines" when an appreciable majority prefer a strategy, and "Options" when preferences are split. Using this paradigm, mammography recommendations for the age group 50 to 70 are properly called "guidelines" and recommendations for ages 40 to 50 and over age 70 would be labeled "options."

**3. POLICY:** This directive shall be effective 30 days after it is submitted to the Committees on Veterans' Affairs of the Senate and House of Representatives:, i.e., the date on this directive. The goal is that 100 percent of women aged 40 to 49 will be offered a mammogram every 1 to 2 years, along with counseling as to the value of mammography. This shall be an unbiased discussion, i.e., a presentation of the current evidence. One hundred percent of those women who elect to have a mammogram shall receive it. VA will continue to track the utilization of mammograms for women of all ages using the Veterans Health Survey and the Veterans Health Information Systems Technology Architecture (VistA) computer system technology. Clinician discretion in mammographic screening will be accomplished by retaining existing goals for mammographic screening in the 50 to 69 year age group where consensus exists. For women age 40 to 50 and for those age 70 and older no goals will be established until a consensus is reached.

**4. ACTION**

a. Clinicians providing care to women veterans will explain that breast cancer detection is a vital component of health care. They will discuss the risk of breast cancer in females and the risks and benefits of screening for the disease in each age group using various screening modalities including self-examination, clinician examination, and mammography. All clinicians should support all patients to actively participate in all aspects of decision-making concerning health status assessment, risks and benefits of health care options.

b. Starting at age 40 all women will be offered a mammogram every 1 to 2 years. Discussion with the patient should recognize the current debate among scientists regarding the relevance of evidence from existing studies. All women over age 50 should be strongly encouraged to receive a mammogram every 1 to 2 years. Women without regard to age who are at higher than average risk of breast cancer due to clinical symptoms, risk factors or family history should receive expert medical advice about whether they should begin screening before age 40 and the frequency of screening.

c. Clinician discretion is advised for women age 70 and older in recognition of limited data availability regarding the efficacy of screening in this age group.

d. The following patient education materials should be made available to female veterans ages 40 and over:

(1) Begley, S. "The Mammogram War," Newsweek, February 24, 1997 pp. 54-59.

(2) "A Turning Point for Mammography?" ACP Observer. American College of Physicians, Philadelphia, PA, October, 1997, available on the World Wide Web at *http://www.acponline.org/journals/news/oct97/mammog.htm*

**5. AUTHORITY:** Title 38 United States Code, Chapter 73, Subchapter II, Sections §7318, and §7322

## 6. REFERENCES

a. U. S. Preventive Services Task Force. Guide to Clinical Preventive Services. 2nd ed. Williams and Wilkins: Baltimore, 1996.

b. Eddy D M. Clinical Decision Making From Theory to Practice. Jones and Bartlett: Sudbury MA, 1996. pp. 57-62.

c. Breast Cancer Screening for Women Ages 40-49, NIH Consensus Statement. 1997 Jan 21-23; 15(1): 1-35.

d. "American Geriatrics Society Clinical Practice Guideline: Screening for Breast Cancer in Elderly Women," American Geriatrics Society, 770 Lexington Avenue, Suite 300, New York, NY 10021, November 1993.

e. American Cancer Society Expert Panel Recommends Increased Frequency of Mammographic Screening for Women in their Forties. American Cancer Society. *http://www.cancer.org/media/1mar10.html*

f. Mammography Recommendations For Women Ages 40 to 49. National Cancer Advisory Board. *http://cancernet.nci.nih.gov/news/ncabrec.htm*

g. National Institutes of Health Breast Cancer Screening For Women Ages 40-49. *http://odp.od.nih.gov/consensus/statements/cdc/intros/mammogram_intro.html*

h. Fletcher, SW, "Whither Scientific Deliberation in Health Policy Recommendations: Alice in the Wonderland of Breast-cancer Screening," New England Journal of Medicine 336:1180-83; 1997.

**7. RESPONSIBILTY:** The Director, VA National Center for Health Promotion and Disease Prevention, is responsible for the contents of this VHA Directive. Questions may be referred to the Director of the National Center at FTS 700-671-5880 or commercial (919) 416-5880. FAX communications may be sent to FTS 700-671-5879, or commercial (919) 416-5879.

**8. RESCISSIONS:** This VHA Directive expires March 17, 2003.

S/Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

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